

STATEMENT OF ECONOMIC INTERESTS

RECEIVED
FAIR POLITICAL PRACTICES COMMISSION
COVER PAGE



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NAME OF FILER

(LAST)

2012 FEB 29 PM 3:51

(FIRST)

(MIDDLE)

NESTANDE

BRIAN

KEN

1. Office, Agency, or Court

Agency Name

CALIFORNIA STATE ASSEMBLY

Division, Board, Department, District, if applicable

DISTRICT 64

Your Position

ASSEMBLYMEMBER

► If filing for multiple positions, list below or on an attachment.

Agency:

Position:

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County

☐ County of

☐ City of

☐ Other

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2011, through December 31, 2011.

☐ Leaving Office: Date Left / / (Check one)

-or-

The period covered is / / through December 31, 2011.

☐ The period covered is January 1, 2011, through the date of leaving office.

☐ Assuming Office: Date assumed / /

☐ The period covered is / / through the date of leaving office.

☐ Candidate: Election Year

Office sought, if different than Part 1:

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 6 pgs

☒ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☒ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

I have used all reasonable diligence in preparing this statement. I have reviewed it herein and in any attached schedules and it is true and complete. I acknowledge this is

I certify under penalty of perjury under the laws of the State of California that

Date Signed

2-28-12

(month, day, year)

Signature

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM **700**

FAIR POLITICAL PRACTICES COMMISSION

Name

NESTANDE, BRIAN

▶ NAME OF BUSINESS ENTITY
BANK OF AMERICA

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

STOCK

FAIR MARKET VALUE
☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
07 / 01 / 11 / / 11
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
STONE HAVEN DEVELOPMENT

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

HOUSING DEVELOPMENT

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☒ Other Paid Interest for Wk Done (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 11 / / 11
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 11 / / 11
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

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 / / 11 / / 11
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 11 / / 11
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 11 / / 11
 ACQUIRED DISPOSED

Comments:

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
NESTANDE, BRIAN

▶ 1. BUSINESS ENTITY OR TRUST

L&M PARTNERS

Name

22 CALLE LANTANA, PALM DESERT, CA 92660

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

MEDICAL IMAGING CENTER

FAIR MARKET VALUE

- ☐ \$0 - \$1,999
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/11 ____/____/11
ACQUIRED DISPOSED

NATURE OF INVESTMENT

☐ Sole Proprietorship ☒ Partnership ☐ Other

YOUR BUSINESS POSITION _____

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

- ☐ \$0 - \$499 ☒ \$10,001 - \$100,000
☐ \$500 - \$1,000 ☐ OVER \$100,000
☐ \$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:

☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/11 ____/____/11
ACQUIRED DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold _____ ☐ Other _____
Yrs. remaining

☐ Check box if additional schedules reporting investments or real property are attached

▶ 1. BUSINESS ENTITY OR TRUST

DESERT POSITRON

Name

74-785 HIGHWAY 111, INDIAN WELLS, CA

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

MEDICAL IMAGING CENTER

FAIR MARKET VALUE

- ☐ \$0 - \$1,999
☐ \$2,000 - \$10,000
☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/11 ____/____/11
ACQUIRED DISPOSED

NATURE OF INVESTMENT

☐ Sole Proprietorship ☐ Partnership ☐ Other

YOUR BUSINESS POSITION _____

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

- ☐ \$0 - \$499 ☒ \$10,001 - \$100,000
☐ \$500 - \$1,000 ☐ OVER \$100,000
☐ \$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:

☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/11 ____/____/11
ACQUIRED DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold _____ ☐ Other _____
Yrs. remaining

☐ Check box if additional schedules reporting investments or real property are attached

Comments: _____

SCHEDULE D Income - Gifts

CALIFORNIA FORM **700**

FAIR POLITICAL PRACTICES COMMISSION

Name

NESTANDE, BRIAN

► NAME OF SOURCE

CA NEW CAR DEALERS ASSOCIATION

ADDRESS (Business Address Acceptable)

1415 L STREET, STE 700/ SAC/ CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

RECEPTION

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 29 / 11	\$ 107.52	FOOD/RECEPTION
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

► NAME OF SOURCE

DEL MAR THOROUGHBRED CLUB

ADDRESS (Business Address Acceptable)

P.O. BOX 700/DEL MAR/ CA 92014

BUSINESS ACTIVITY, IF ANY, OF SOURCE

TURF CLUB ADMISSION

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 21 / 11	\$ 275.00	ADMISSION/RM
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

► NAME OF SOURCE

KRAFT FOODS

ADDRESS (Business Address Acceptable)

100 NE COLUMBIAN BLVD/ PORTLAND/ OR/97211

BUSINESS ACTIVITY, IF ANY, OF SOURCE

GREEN SUITE PASS - EVENT

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 03 / 11	\$ 165.00	EVENT PASS
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

► NAME OF SOURCE

COUNCIL FOR LEGISLATIVE EXCELLENCE

ADDRESS (Business Address Acceptable)

2150 RIVER PLAZA DR. SUITE 150/ SAC/ CA 95833

BUSINESS ACTIVITY, IF ANY, OF SOURCE

RECEPTION

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 08 / 12	\$ 75.45	DINNER RECEPTION
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

► NAME OF SOURCE

EDVOICE

ADDRESS (Business Address Acceptable)

1107-9TH ST. STE 680/ SAC/ CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

GIFT

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 03 / 11	\$ 82.00	WINE/ CHOCOLATES
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

► NAME OF SOURCE

CAHF - CA ASSOC.OF HEALTH FACILITIES

ADDRESS (Business Address Acceptable)

2201 K ST/ SACRAMENTO/ CA/ 95816-4922

BUSINESS ACTIVITY, IF ANY, OF SOURCE

LUNCHEON & RECEPTION

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 04 / 11	\$ 305.46	COST: LUNCH RECP
12 / 07 / 11	\$ 84.11	RECEPTION
___/___/___	\$ _____	_____

Comments: _____

SCHEDULE D Income - Gifts

Name

NESTANDE, BRIAN

► NAME OF SOURCE

STATE BLDG CONSTRUCTION TRADES COUNCIL

ADDRESS (Business Address Acceptable)

1225-8TH ST, STE 375/ SAC/ CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DINNER

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 05 / 11	\$ 88.75	DINNER
/ /	\$	
/ /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE

MORONGO BAND OF MISSION INDIANS

ADDRESS (Business Address Acceptable)

12700 PUMARRA RD/ BANNING, CA 92220

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DINNER

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 07 / 11	\$ 123.22	DINNER
/ /	\$	
/ /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

Comments:

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

NESTANDE, BRIAN

- You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

► NAME OF SOURCE

CFEE-CA FNDTN ON ENVIRO & ECONOMY

ADDRESS (Business Address Acceptable)

PIER 35, SUITE202

CITY AND STATE

SAN FRANCISCO, CA 94133

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☒ 501 (c)(3)

DATE(S): 12 / 09 / 11 - 12 / 10 / 11 AMT: \$ 419.22
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☒ Made a Speech/Participated in a Panel

☐ Other - Provide Description

► NAME OF SOURCE

EDVOICE

ADDRESS (Business Address Acceptable)

1107-9TH STREET, SUITE 680

CITY AND STATE

SACRAMENTO, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☒ 501 (c)(3)

CANDIDATE TRAINING & SYMPOSIUM

DATE(S): 08 / 03 / 11 - 08 / 05 / 11 AMT: \$ 1421.41
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☒ Made a Speech/Participated in a Panel

☐ Other - Provide Description

► NAME OF SOURCE

CITY OF LOS ANGELES

ADDRESS (Business Address Acceptable)

1400 K STREE, STE 208

CITY AND STATE

SACRAMENTO, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

PARKING AT ONTARIO AIRPORT

DATE(S): 01 / 01 / 11 - 12 / 31 / 11 AMT: \$ 1400.00
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☒ Other - Provide Description

AIRPORT PARKING & SHUTTLE SERVICES

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

Comments: _____